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Substitute for form 1449/PTO <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/596,626-Conf. #8534
				Filing Date	September 15, 2006
				First Named Inventor	Karl-Heinz Schuster
				Art Unit	2873
				Examiner Name	E. A. Lester
				Attorney Docket Number	01641/0204258-US0
Sheet	2	of	2		

[illegible]

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.